

QCDR Measure:

IRIS-19: Chronic Anterior Uveitis: Post-treatment Grade 0 anterior chamber cells

National Quality Strategy Domain:

Effective Clinical Care

Measure Type:

Outcome

Description:

Percentage of patients with chronic anterior uveitis post-treatment with Grade 0 anterior chamber cells

Instructions:

This measure is to be reported a minimum of **once per reporting period** for patients seen during the reporting period. It is anticipated that clinicians who provide the primary management of patients with chronic anterior uveitis (in either one or both eyes) will submit this measure.

Denominator:

All patients aged 18 years or greater who underwent treatment for chronic anterior uveitis.

Patients aged ≥ 18 years

AND

Diagnosis of Chronic Anterior Uveitis

ICD-9 [for use 1/1/2015 – 9/30/2015]

- Chronic iridocyclitis, unspecified (ICD-9: 364.10)
- Chronic iridocyclitis in diseases classified elsewhere (ICD-9: 364.11)

ICD-10 [for use 10/1/2015 – 12/31/2015]

- Chronic iridocyclitis (ICD-10: H20.10, H20.11, H20.12, H20.13)

AND

Treatment for Acute Uveitis which includes topical corticosteroids and antimicrobial/antivirals for infectious cases.

Numerator:

Patients with Grade 0 anterior chamber cells at 30 days after treatment

AND

Patients managed at 60 days with dose of topical corticosteroids of prednisolone acetate 1% 3X/day or less (or equivalent)

Numerator Options:

Performance Met: Patients achieved Grade 0 anterior chamber cells at 30 days after onset of treatment.

AND

Patients managed at 60 days with dose of topical corticosteroids of prednisolone acetate 1% 3X/day or less (or equivalent)

Performance Not Met: Patients who did not achieve Grade 0 anterior chamber cells at 30 days after onset of treatment.

Grading Scheme for Anterior Chamber Cells

Grade	Cells in Field*
0	<1
0.5+	1-5
1+	6-15
2+	16-25
3+	26-50
4+	>50

* Field size is a 1 mm by 1 mm slit beam.

Reference: Standardization of Uveitis Nomenclature for Reporting Clinical Data. Results of the First International Workshop. American Journal of Ophthalmology , Volume 140 , Issue 3 , 509 - 516

Improvement Notation:

Higher score indicates better performance